

## PUBLIC REGISTRATION FORM FOR THE SABHRS TRAINING PROGRAM



### Directions for completing the form:

1. Print this form. 2. Return completed form with full payment for all classes to:

**SABHRS Services Bureau/ITSD**  
**SABHRS Training Program**  
**P.O. Box 200113**  
**Helena, MT 59620-0113**

**Total Amount Enclosed: \$**

**Method of Payment** (select one):

**Cash** ☐ **Check** ☐ **Money Order** ☐ **Credit Card** ☐ **Card Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_/\_\_\_\_

**PLEASE NOTE: Full payment must accompany registration form in order to enroll.**

**FIRST NAME:** \_\_\_\_\_ **MIDDLE INITIAL:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

### **Register for as many courses as you would like to take.**

(If you need more rows, highlight and copy a blank row, place your cursor where you want the new row and paste. You can continue to paste until you have enough rows for the courses for which you wish to register.)

**COURSE ID:** \_\_\_\_\_ **SESSION #:** \_\_\_\_\_ **COURSE NAME:** \_\_\_\_\_ **COST:** \_\_\_\_\_

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**TOTAL FOR ALL COURSES REQUESTED:**

**IMPORTANT: Enrollment forms submitted without full payment for all courses requested will be rejected.**  
**Confirmation will be provided when enrollment has been accepted.**

Student Cancellation Policy: Individuals who cannot attend a class for which they are enrolled must provide a cancellation notice to the SABHRS Services Bureau at least 24 hours in advance of the class start time. Notice is provided via email, mail or a telephone call to 444-5700. **NO refunds** will be allowed, however, the fees may be applied toward future classes.